

Privacy Act Release form- Representative Vicente Gonzalez-15<sup>th</sup> Congressional District, Texas **2019**

Under the Privacy Act of 1974, federal agencies are prohibited from disclosing information from your files to anyone without your written authorization. By completing this form and signing the Privacy Act statement below, you are authorizing the federal agency involved to disclose such information to U.S. Congressman Vicente Gonzalez and/or members of his staff. Such information will be kept confidential by them you also affirm that this request for assistance is in no way an attempt to evade or violate any federal, state, or local law.

**PLEASE COMPLETE AND RETURN FORM TO THE DISTRICT OFFICE ASSIGNED TO HANDLE YOUR CASE.**

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ ALT # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SSN (not applicable for USCIS) \_\_\_\_\_

THIRD PARTY (if applicable) \_\_\_\_\_ Relationship? \_\_\_\_\_

If your matter concerns the **US MILITARY OR VETERANS AFFAIRS**, please provide the following information:

BRANCH \_\_\_\_\_ RANK \_\_\_\_\_ CONFLICT \_\_\_\_\_

DATE OF SERVICE \_\_\_\_\_ TO \_\_\_\_\_

HOME OF RECORD \_\_\_\_\_ LAST DUTY STATION \_\_\_\_\_

DID YOU HAVE COMBAT SERVICE? NO \_\_\_\_\_ YES \_\_\_\_\_

V.A. FILE NUMBER (if different from SSN) \_\_\_\_\_

Is this matter currently under consideration by an attorney? NO \_\_\_\_\_ YES \_\_\_\_\_

Have you contacted any other Congressional office about this matter? NO \_\_\_\_\_ YES \_\_\_\_\_

NAME \_\_\_\_\_

*NOTE: If you would like Rep. Gonzalez to take over your case from another congressional office, you must provide written documentation from that office indicating that the matter is closed with any other U.S. Representative or Senator's office before we can proceed on your behalf.*

**PLEASE EXPLAIN THE ISSUE YOU ARE FACING WITH THE AGENCY:**

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PLEASE EXPLAIN THE **OUTCOME** YOU WOULD LIKE TO SEE FROM THE AGENCY:

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*Pursuant to the provisions of 5 U.S. Code 552a (Privacy Act of 1974) P.L. 93-579, I hereby authorize the release of information from my medical records, any files pertaining to me, or copies thereof, to U.S. Representative Vicente Gonzalez and/or specify \_\_\_\_\_ to act on my behalf to obtain and share with Congressman Gonzalez's caseworker ANY INFORMATION NECESSARY TO ASSIST ME WITH THE REQUESTED DISPOSITION OF MY CASE.*

*I declare under penalty of perjury that the foregoing is true and correct.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_